

INCOME-SENSITIVE REPAYMENT APPLICATION

			ons) I expect to receive for the
gross incom	uns is \$ e for spouse \$	This amount	consolidation, expected annual includes the following sources
(check all th		This unrount	merades are ronowing sources
□ Sa	alary elf-employment earnings	☐ Other (sour	rce):
	on emproyment carnings		
request a fo begin. I und	orbearance to cover paym	ents due BEFORE n	my financial circumstances, I ny income sensitive payments alized (added to my principal)
	d that I must continue to new payment amount.	o make my regular s	scheduled payment until I am
and signed		ecent month's income	t recent month OR my written if I am self-employed OR a arnings.
Social Secur	rity Number:		
Street Addre	ess:		
City, State,	& Zip:		
Borrower's Signature		Date	
Spouse's Signature*		Date	
* Required only	if the loan is a Spousal Consolida	ition	
Return to:	The Student Loan Per Attn: Loan Servicing P.O. Box 24328 Louisville, KY 40224-	Department Income	e Sensitive Plan